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# having <sup>a</sup> voice...hope and respect




ALBERTA MENTAL HEALTH PATIENT ADVOCATE OFFICE

CONCERNS AND COMPLAINTS • ADVOCACY • RIGHTS • EDUCATION

2007/2008 ANNUAL  
REPORT



Alberta Mental Health Patient  
**ADVOCATE OFFICE**



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Being **respected** means having a friendly face at emergency when your mind is playing tricks on you and your emotions are out of control; talking to someone who's been through the process before, reassurance that I will feel better, that I'll be looked after and that I'll be saved.

**Hope** starts when basic needs are met: a place to live, a source of income and someone who cares, understands and helps me navigate the system, preferably the same person so I don't have to start all over when I get sick.

When I'm on the road to recovery, it helps if I'm treated as someone with goals and dreams, not a sick person. To be part of a planning process, to be included in the education of future health care professionals, to know that my journey may help others. These things help instill **hope**.

**Carla Kwan**

Member of Alliance on Mental Illness and Mental Health  
and Occupational Therapist, Regional Social Vocational Program, Capital Health

## Letter to the Minister of Health and Wellness

The Honourable Ronald Liepert  
Minister of Health and Wellness  
323 Legislature Building  
10800 - 97 Avenue  
Edmonton, AB T5K 2B6

Dear Minister Liepert;

I am pleased to present the Annual Report of the Alberta Mental Health Patient Advocate Office for 2007/08. For our report, we have selected the theme of hope and respect which acknowledges the vital role the Advocate Office assumes in working with formal patients and those acting on their behalf. We work to ensure they understand and exercise their rights as identified in the *Mental Health Act* and investigate complaints from or related to formal patients. The report is submitted in accordance with the provisions of Section S 47(1) of the *Mental Health Act* for your presentation to the Legislative Assembly.

Respectfully submitted,

*(Signed by Sandra Harrison)*

***Mental Health Patient Advocate***



# Advancing the Mental Health Agenda: Concerns and Complaints, Advocacy, Patients' Rights, Education

## Vision

People with mental illness in Alberta are hopeful, respected and supported in their journey of recovery.

## Mission

The Advocate promotes and protects the rights of patients under its jurisdiction, encourages and supports patients through their journey of recovery, and serves as a resource regarding the application of the *Mental Health Act*.

## Values

The following values are the foundation and measure of all actions and directions taken by the office of the Alberta Mental Health Patient Advocate with designated formal (certified) patients, those acting on their behalf, treatment team members, policy makers, and others who want and need to know about patient rights under the *Mental Health Act*.

- **Rights** - The MHPAO is committed to supporting and ensuring formal (certified) patients and those acting on their behalf receive objective information to assist them in understanding their situation and the different options available.
- **Advocacy** - The MHPAO has a unique legislated and ethical responsibility to support formal (certified) patients, and those acting on their behalf in understanding and exercising their rights under the *Mental Health Act* and in following up on their concerns.
- **Recovery** - The MHPAO believes formal (certified) patients in the recovery process have the right to be heard, respected and encouraged by hope for a better future.
- **Involvement in Decision Making** - The MHPAO believes all formal (certified) patients have a right to be involved in decision making that impacts the management of their illness and their lives, and participate in their self care to the extent that they are able.
- **Knowledge Exchange** - The MHPAO believes that the open exchange of knowledge through education, information, research and evaluation contributes to meaningful dialogue, shared actions to promote and protect patient rights, and enhanced care and treatment of patients.



*I have been thinking, and in all my years of working in mental health, I am always amazed at the resiliency that patients show, and how it is often the “little things” that make a difference for individuals with mental health issues.*

*Little things such as community workers paying attention to a patient who has a dog and the dog or cat need attention while the patient is in the hospital. As well as every day when I come to work I try and acknowledge the patient with something as simple as “good morning” and “how was your night?”*

*Somehow it appears to make a difference, it shows **respect** and just appreciation for them as an individual.*

*I think it is very important for me as a professional to instill **hope** and be able to turn adverse situations into “gifts” which can be used in the future to turn something around.*

*Again, a lot of times it is just the little conversations we have or interactions which can make a difference.*

**Norma Boulton**

Program Manager, Psychiatry East and West Units  
Chinook Regional Hospital  
Lethbridge, Alberta





*Individuals who are recovering from mental illness feel **respected** when attention is paid to the words they speak; when describing their symptoms medical professionals actually hear what they are saying; when they are not ignored in emergency departments of hospitals; when they are encouraged to pursue a career or educational opportunities; when they are invited to social gatherings; in fact people feel **respected** when they are treated with the human dignity that all people on this earth deserve.*

**Fay Herrick**  
Manager, Programs & Services  
Schizophrenia Society of Alberta  
Calgary Chapter



## Advocate's Message

It is my responsibility and honour to present the Mental Health Patient Advocate Annual Report for 2007/08 and share with you the work that our office does to support formal (involuntary) patients to understand and exercise their rights under the *Mental Health Act*.

The theme for this years report is *recovery and hope in mental health*. By recovery I do not mean achieving a cure, rather recovery is a journey...

*Recovery can be defined as a personal process of tackling the adverse impacts of experiencing mental health problems, despite their continuing or long-term presence. It involves personal development and change, including acceptance that there are problems to face; a sense of involvement and control over one's life; and the cultivation of hope and using support from others.<sup>1</sup>*

I have invited consumers, family members, health care providers, community organizations and others to share with me their thoughts about how my office and indeed all of us can better support people challenged with the burden of mental illness. Throughout this report you will see what they have said about hopefulness and about respect - the foundation and catalyst for hope.

We all have a responsibility to ensure that individuals in recovery from mental illness know and exercise their right to be heard, respected and encouraged to hope for a better future. It is my wish that after reading my report you will have increased understanding, compassion and respect for Albertans who face sometimes overwhelming life circumstances and stigma because they have a long-term mental disorder.

I am encouraged this year by the unprecedented opportunities we have in Alberta to advance mental health. Government's ongoing commitment and investment in mental health and the rights of patients is commendable.



Bill 31, the *Alberta Mental Health Amendment Act* (MHAA), was introduced and passed first reading on April 17, 2007, second reading on May 10, 2007 and was referred to the all party Government Standing Committee on Community Services on May 31, 2007. The Committee conducted a consultation process and I was invited to participate in the process by making a written and oral submission focusing on patient rights. The Bill passed Third Reading and was given Royal Assent on December 7, 2007. The Proclamation date is pending and supporting regulations are being drafted.

The MHAA changes the criteria for certified formal patients, introduces community treatment orders (CTO's) and I am pleased to note, not only continues

<sup>1</sup> <http://www.rethink.org>; London, England

but expands access to the Patient Advocate for formal patients and those on CTO's. These changes will impact patients and their families and the work of the Patient Advocate Office. For the first time, the Advocate's responsibilities will be extended in relation to patient rights and the investigation of their concerns and will take us beyond the door steps of the 16 designated mental health facilities and into the community.

We are committed to being ready to meet this new opportunity and to better support patients on their journey to recovery. In preparation, we have served as a resource on patient rights matters to those working on implementation of the MHAA. We have developed a unique electronic information system for our office and successfully advocated for improved province-wide information gathering in mental health.

We have reviewed our vision and value statements and made changes that more accurately reflect what we are currently doing and plan to do in the future.

We have increased our focus on outreach and continue to seek opportunities to amplify the voice of patients who fall under our jurisdiction.

There are many initiatives we have developed or further expanded that enhance support and access for patients under our jurisdiction to the Advocate's office and support health providers in providing services:

- Increased visits with formal patients in mental health facilities
- Established a provincial call centre in the Advocate office
- Developed a new Patient Rights Advocate position to further increase responsiveness and access for patients and others
- Increased training for service providers
- Continued to strengthen links with consumers and community-based organizations
- Enhanced and identified staff development opportunities
- Continued to work with health region service providers to investigate and address patient concerns
- Reviewed and where necessary changed policies and practices to reflect our values and further enhance our accountability.

I want to once again acknowledge the Alberta Mental Health Board for providing administrative support to this Office. I also want to extend my personal thanks to all patients, family members, health regions, mental health service providers, fellow advocates, and the Alberta Government for their ongoing support and use of the Patient Advocate Office. I especially want to thank all those who shared their time, thoughts and personal experiences with me this year so I could see just a little bit clearer - through their eyes.

*(Signed by Sandra Harrison)*

***Mental Health Patient Advocate***





*To get people to feel **respected** they need to be included in the planning aspect of their therapy. I have been in hospital where they stick you in the program they want instead of consulting with you to see what you feel your personal needs are. The system needs to give people credit that they have a better understanding of what their needs are.*

**Edward**

A person with experience of mental illness

## Complaint Resolution Process

Under the *Mental Health Act*, patients and people who are acting on their behalf may contact the Mental Health Patient Advocate if they have a concern with the treatment and/or care of the patient or if there is concern about the detention of a patient in hospital.

All inquiries into complaints and concerns are called investigations, which may be informal or formal (as outlined in legislation).

Most concerns that are brought to the attention of the Patient Advocate can be resolved through **informal investigation and mediation**. These concerns range from detention, treatment and/or control of a formal patient against their will to lack of privileges, privacy and access to information. Many of these concerns are resolved through discussion between the patient, an advocate and, in some situations, the treatment team.

**Formal investigations** are conducted into issues that cannot be easily resolved over the telephone. They could include allegations about abuse or events that happened many years ago when the patient had formal status. Much of the formal investigation process is the same as an informal investigation, and only the Patient Advocate may order a formal investigation.

All information about an investigation is documented in the Patient Advocate data system and remains confidential as required by law.

The diagram illustrates the flow of the complaint resolution process.

### Complaint Resolution

A complaint or concern is brought to the attention of the Patient Advocate.

The Patient Advocate determines the patient's formal status under the *Mental Health Act*.

The Patient Advocate and the person who made the complaint talk about the concerns and develop an action plan.

The Patient Advocate conducts an informal or formal investigation.

If the concern does not fall under the Patient Advocate's mandate, the person will be properly referred.



## Informal Investigation

If the complaint was made by someone acting on the patient's behalf, the Patient Advocate contacts the patient to discuss:

The Advocate contacts the staff or physician who is responsible for the patient's care and/or who is aware of the situation.

If the Advocate finds evidence to support the complaint, recommendations will be forwarded to the appropriate people.

The Advocate will follow up on the recommendations to determine what action was taken.

If the person who filed the complaint and the Advocate are satisfied with the resolution, the file will be closed. If the person is not satisfied, the Advocate may take the matter to a higher level of care facility or the region and/or consult with the Provincial Patient Advocate.

## Formal Investigation

The Provincial Patient Advocate will conduct a formal investigation and ask the appropriate people to respond to the complaint.

The Provincial Patient Advocate will conduct a formal investigation and ask the appropriate people to respond to the complaint and the complaint will be investigated.

A copy of the complaint and the investigation report will be forwarded to the appropriate people to respond to the complaint.

The investigation will be completed within a set time frame and the results will be forwarded to the appropriate people to respond to the complaint.

If a formal investigation is required, the Provincial Patient Advocate will conduct a formal investigation and ask the appropriate people to respond to the complaint.

The Provincial Patient Advocate will conduct a formal investigation and ask the appropriate people to respond to the complaint.

If the Provincial Patient Advocate has conducted a formal investigation and the results are not satisfactory, the Provincial Patient Advocate will conduct a formal investigation and ask the appropriate people to respond to the complaint.



*“What helps people to feel **hopeful**?” - Knowing that they are not alone, that others are on similar paths and that many are progressing well on the journey to recovery.*

*“What helps people to feel **respected**?” - Knowing that there are caring family members, supportive friends, dedicated professionals and a community that is trying to better understand.*

**Rod Adachi**  
Executive Director & Registrar  
Alberta College of Social Workers



## A Day In the Life of a Patient Advocate

*(The stories below are fictitious, but based on real experiences from the office of Alberta Mental Health Patient Advocate and represent a composite of the type of calls received and the actions taken by the Patient Advocate.)*

### Complaint

Chris, a 25-year-old formal patient diagnosed with bipolar disorder and admitted to hospital three days ago, telephones the Patient Advocate Office to lodge a complaint.

Chris reports staff will not let him go outside for a cigarette. He insists it is a violation of his rights and asks the Patient Rights Advocate (PR Advocate) in the Call Centre to tell the unit staff to let him go on a pass. Chris confirms he was provided with nicotine replacement products but “It’s not like smoking a cigarette.”

The PR Advocate explains to Chris that the Mental Health Patient Advocate is mandated to provide rights information and to follow up on concerns regarding a formal patient’s detention, treatment and care while “certified” in hospital. The PR Advocate stresses she does not have the authority to reverse a clinical decision about treatment options, benefits and risks or administrative decisions about unit or hospital routines and procedures.

Chris confirms he was provided with copies of the *Mental Health Act* certificates under which he is being detained in hospital and was informed of his rights. Chris is emphatic - he does not wish to apply for cancellation of the certificates as he wants help: he simply wants to have a cigarette!

The PR Advocate informs Chris of the Mental Health Patient Advocate patient confidentiality policy and tells him she would like to confirm his legal status and discuss his concern with a treatment team staff member. Chris gives his consent and the PR Advocate assures Chris she will call him after speaking with a staff member.

The PR Advocate telephones the hospital unit and speaks with Chris’ nurse, Cheryl. Cheryl tells her that Chris was admitted to hospital on December 4<sup>th</sup> and that two doctors issued two admission certificates under the *Mental Health Act* on the same date. The first certificate was issued at 10 minutes after 12 midnight and the second certificate at 10:00 a.m.

The PR Advocate learns Chris is refusing all medication and has not been issued a Form 11 (the physician considers a patient incompetent to make treatment decisions). In response to the PR Advocate’s question, Nurse Cheryl reports she personally told Chris on three occasions that he has the right to appeal his admission certificates to the Review Panel and to access a lawyer. He reportedly declined her offer to assist him in completing the appeal application and indicated he did not wish to exercise this right.

Cheryl says Chris is acutely ill and that his physician does not feel he is stable enough to go off the unit just yet and so no off-unit passes have been approved at this time. The physician is aware of Chris’ request to go outside for a cigarette and the physician has provided nicotine replacement aids, which Chris is using. The PR Advocate thanks Cheryl for the information and tells her she will remind Chris of the authority of the certificates and encourage him to continue communicating any concerns or requests to his nurse or physician.

The PR Advocate telephones Chris and tells him she spoke with his nurse who confirmed his formal status under the *Mental Health Act*. She also tells Chris that his nurse reported his physician is aware of his wish to go outside for a cigarette and that he is not prepared to issue an off-unit pass at this time.

The PR Advocate reviews the authority of the certificates: the physician has the authority to either grant or to refuse a pass. The PR Advocate stresses this is considered to be a clinical decision and part of his treatment plan, and that staff are following through on a doctor's order.

After strongly encouraging Chris to continue speaking with his nurse and doctor about his wishes and any concerns he may have about being in hospital, the PR Advocate encourages Chris to ask his doctor what needs to be different in order for Chris to be granted a pass. She also suggests that Chris may want to check with his doctor to see if he can have an escorted pass. Chris tells the Advocate that he will ask his doctor later today about an escorted pass when he meets with him, and adds...“I'll likely call you back and let you know how things are going for me.”

## Advocacy

On a routine visit with formal patients at the hospital, an Advocate from the Mental Health Patient Advocate Office meets with Jordan, a formal patient. Jordan shows the Advocate copies of his admission certificates and his Form 12 application requesting cancellation of the certificates. He tells the Advocate he has contacted Alberta Legal Aid who have agreed to assist him at the Review Panel hearing.

The Advocate listens to Jordan's concerns about his nurse, Brittany. He is sure Brittany does not like him. She only has time to speak with him when she gives him his medication. He would like Brittany to sit down with him for five to ten minutes a day so he can get answers to his questions.

The Advocate suggests that it might be helpful for Jordan to schedule a meeting with Brittany so she will be sure to have the time to answer any questions. He agrees to do so. He also agrees to have the Advocate give Brittany a “heads up” about their discussion. The Advocate encourages him to call if he needs assistance in the future.

After meeting with Jordan, the Advocate reviews the conversation with Brittany. They meet in a private office, review the Advocate's mandate and then talk about Jordan's situation. The Advocate outlines Jordan's concerns and proposes an approach to resolve them.

Brittany shares with the Advocate that she, too, is frustrated as she wants to help Jordan but feels she cannot do so when he is so demanding. Jordan approaches her ten to fifteen times a day and demands she meet with him, regardless of whether or not she is busy with another patient. Brittany tells the Advocate that she would be more than happy to schedule a meeting with Jordan once per shift. She adds she will encourage Jordan to jot down any questions or concerns he may have so he can bring those to their meeting and review them together.

The Advocate thanks Brittany and moves on to her visit with another patient on the unit.



## Rights Information

Jim, a 65 year old patient, has been in a mental health facility for four days. Jim sees the telephone number for the Mental Health Patient Advocate Office on a poster by the patient telephone on the unit and decides to call.

As it appears that Jim's mother tongue is not English, the Advocate asks him if he understands her. He replies he can, as long as she speaks slowly. Jim reports that he does not know how he was brought to the facility and why he is unable to leave. The staff mentioned that he is here for about a month and gave him two papers. Jim asks the Advocate to explain what this means.

The Advocate briefly explains the role of the Advocate in providing patients with rights information and following up on any concerns he may have regarding his detention, care and treatment as a formal patient. Jim gives permission for the Advocate to speak with his nurse to clarify his legal status and to let his nurse know he was wondering how he arrived at the hospital.

The Advocate speaks with Jim's nurse, Katya. Apparently Jim walked into the hospital on his own early Friday morning. Because of his behaviour, he was assessed by two doctors who subsequently prepared two admission certificates under the *Mental Health Act*, and admitted the patient. Jim was given a copy of the admission certificates as is his right. Nurse Katya checks the hospital chart and notes that Jim was informed on two separate occasions about the reason he is in hospital and is not allowed to leave at this time. She says the nursing notes show that his right to appeal his detention has also been explained to him including his right to contact a lawyer and the Patient Advocate.

When the Advocate asked Katya about Jim's ability to speak and understand English, she says Jim has been heard talking in a language other than English. One of the nurses has arranged for him to speak with a certified interpreter, independent of the hospital so the treatment team can be sure they are understood and can better assess Jim's health status and his needs. The Advocate is pleased that an independent interpreter will be engaged. Patients have often expressed concern in the past that when staff or family members are asked to interpret for a patient, the patient feels embarrassed to talk openly and/or feels that the "interpreter" may be well intentioned but is not fairly representing what the patient said.

The Advocate then telephones Jim on the patient phone and tells him that she spoke with his nurse who confirmed that Jim is being lawfully detained as a formal patient under the *Mental Health Act*. She lets him know that Katya plans to meet with him today to explain how he arrived at the hospital. She offers to arrange an interpreter to be present in the Advocate's office so the Advocate can have a more detailed conversation with him in his own language about his rights. Jim agrees to this.

That afternoon the Advocate calls Jim and puts him on the speakerphone. She introduces him to the interpreter who is in the office with the Advocate and begins the conversation by assuring Jim about patient confidentiality. The Advocate then reviews the patient's rights and answers any of Jim's questions through the interpreter.

At the end of the conversation Jim says he is very relieved to get an explanation of his situation and rights. He thanks the Advocate for her help and says that although he may not like it, he now understands what is happening to him and that "I am not alone" in trying to deal with what is happening to me.

## Education

A unit manager from a designated mental health facility calls and asks if the Mental Health Patient Advocate Office could do a staff presentation and training session on the *Mental Health Act* and emerging issues and trends in mental health. The manager is concerned about the high number of recently-recruited nursing staff who have limited knowledge about the *Mental Health Act*.

While the hospital does schedule new staff orientation workshops since it must meet all staff needs, the information is fairly generic and not specific to mental health. The manager believes both new and longer term staff working in emergency services, psychiatry and even on medical and surgical units where patients are detained or are being assessed under the *Mental Health Act*, could benefit from additional training to ensure the rights of mental health patients are further protected.

The Advocate explains that the office frequently provides this type of training, modifying it for the specific audience. The Advocate's experience is that such sessions are well attended and help promote patient rights, collaborative problem solving and build relationships between the Advocate and front line care teams.

The Advocate and manager plan a session for next month. The plan is to develop a one hour presentation open to all health professions and security staff and the unit manager will introduce the Advocate, advertise and promote the training session, and arrange the work schedule so that staff are able to attend.

While the manager had expected about 10 people to attend, 45 staff came and actively participated in the session and discussion.





*People will feel **hopeful** in their journey if they know that there are new treatments on the horizon and that there are new therapies available. This generally gives them **hope** for the future.*

*What helps people feel **respected** in their journey towards recovery is if they are treated just like everyone else and they are appreciated for who they are.*

**Dr. Patrick J. White**

Regional Clinical Program Director, Capital Health Region  
& President, Canadian Psychiatric Association (2007-2008)



*I hope for freedom from the painful physical effects and memories of abuse that replay many years after the initial assaults. I hope for funded treatment, because 2-tier is already here and so many of us are on the wrong shelf. I hope we do not have to wipe anymore tears from friend's eyes who also suffer. Though the diagnosis and details may be different, the pain is always the same. I hope we do not have to wipe any more tears from the eyes of their families. I hope for the basic housing and supports people need to live with peace and dignity. I hope every person who summons the strength to reach out for help will be welcomed with a kind heart and by a skilled worker. I hope for a day people with psychiatric disabilities will regain wellness because of the respectful care they receive.*

**Carmela Hutchison**

An advocate for patient's rights and

A person with experience of mental illness



## The Role of the Advocate's Office

The *Mental Health Act* established the Mental Health Patient Advocate in 1990. Historians advise that prior to this time, formal patients were detained in one of three provincial psychiatric facilities. In 1990 and currently, formal patients subject to either two admission or two renewal certificates can be detained in designated mental health facilities throughout the province. Today there are sixteen designated mental health facilities across Alberta (see Appendix 2).

Reportedly policy and law makers of the day felt that given the expansion of treatment sites, it was important to enshrine and standardize an approach for ensuring the protection of rights of formal mental health patients. The statute and regulations provide the Advocate with the power to: act on a complaint relating to a formal patient; and the power to initiate an investigation without a complaint regarding any procedure of a facility relating to the admission of a person detained in the facility, any procedure of a facility for informing a formal patient of the patient's rights, or for providing information as required by the Act to guardians, nearest relatives or designates of a formal patient.

The Patient Advocate Office is located in Edmonton and has four staff – the Advocate, an Assistant Advocate, a Patient Rights Advocate and an Administrative Assistant. In Alberta, the advocates strive through their approach and interactions with service providers to model behaviors consistent with their unique but complementary role in the mental health system. That is, while their roles are different, advocates and service providers share a common commitment to address patient rights, patient safety, risk management, and quality of treatment and care for formal patients. Alberta's patient advocates are not clinicians, lawyers, nor regulators of patient care.

Many service providers who call the Office are seeking expertise about the application of the *Mental Health Act* to their practice, or suggestions relative to ethical issues about practices in the health facility in which they work or have knowledge.

Typically, the services provided by the Patient Advocate Office are responsive rather than proactive in part due to the perceived legislative limitations on the Office, the resource base, and because there has never been aggressive marketing done by the Office.

It is important to know that formal patients who call the Office often have limited capacity to articulate their concerns and to understand and execute the options for exercising their rights. As the patients are typically not skilled at navigating the mental health or other support services, they are supported by the advocates who engage hospital staff and others to support the patient to exercise their rights and/or participate in decision making processes about their lives and management of their illness. Patients and other callers present multiple concerns. In these cases, several telephone contacts are required to address and resolve the issues raised.

The advocates visit patients and staff in each designated mental health facility at least once per year, and respond to invitations to make presentations to a range of stakeholders (e.g. not for profit community based patient support groups; post secondary educational programs; designated mental health facilities; etc.) Staff also participate as resource, standing or ad hoc members of committees dealing with staff development, post secondary education, addressing the complex social needs of formal patients, and patient concern resolution processes.



*Good mental health care can only be built on highly ethical care – it is competent and responsible care that above all **respects** human dignity, respects integrity in relationships and is responsible to both patients and the whole community.*

*Mental health recovery can't be achieved by simply following doctors' orders. It is the important work of patients to heal themselves with the active support and assistance of professionals, families and the whole community.*

*Mental health is too important a matter to leave just to the professionals. It must actively engage clients, families and communities.*

**George Lucki**

Psychologist and former member of the Alliance on Mental Illness and Mental Health



## Performance Activities

Core functions of the Alberta Mental Health Patient Advocate Office are:

### C - Concerns and complaints

#### A - Advocacy

#### R - Rights

#### E - Education

**Concerns and complaints** – The complaint investigation function relates to the application of the *Mental Health Act*, patient rights, administrative fairness, the provision of services to a formal patient, abuse, a failure or refusal to provide services to the patient, terms and conditions under which services are provided to the patient, and professional practice and/or unprofessional conduct.

Complaints and/or concerns may be clinical or non-clinical in nature. Complaints are investigated informally through contact with the patient, members of the interdisciplinary team and/or others, or formally through a prescribed investigative process which concludes with a formal report written.

Recommendations from the formal investigation are presented to the designated health authority for resolution and the Advocate follows-up to determine if the action taken, based on the recommendations, was appropriate.

**Advocacy** – Advocacy refers to those activities where individuals act on their own behalf, or where assistance is requested to ensure the voice of patients is heard and considered by the treatment team. Patients and their families are supported in this process through the provision of information, rights advice, and capacity building and support.

**Rights** – Rights advice refers to the process by which formal patients in psychiatric facilities and units in general hospitals are informed of their rights. In Alberta, rights advice is provided to mental health patients by hospital staff or physicians and/or independently by the Mental Health Patient Advocate.

**Education** – Education includes activities such as the provision of information about and the application in practice of the *Mental Health Act*, patient rights, and the complementary role of patient advocacy in the provision of mental health services. Education is provided to a broad range of stakeholders including service providers, patients and their families, community organizations, professional colleges, government ministries, students, the public, and many other stakeholders.



*What helps us as mental health consumers feel **hopeful** is simple: People who don't treat us as if we were inferior to them because we may have some mental health issues. This also plays a part in feeling **respected**. It all boils down to having people you can trust and who aren't afraid to be friends with people who may have a problem. I know that this is what has kept me going many a time when I thought that it was better for the world if I just left. My friends made me feel as if I had some value. For this I will always cherish them. Without them I would be dead right now.*

**Howard**

A person with experience of mental illness



## Summary of Activities

### A. General

Overall four core activities (concerns and complaints, advocacy, rights information and education) of the Mental Health Patient Advocate Office for the 2007/2008 fiscal year are summarized in **Table I**. The data reflects the combination of both resource services and patient case file activities undertaken.

TABLE I - 2007/2008 Fiscal Year

#### Patient Case Files

Issues/Requests	1868
Contacts	3046
New Files	485

#### Resource Services

Issues/Requests	636
Contacts	834

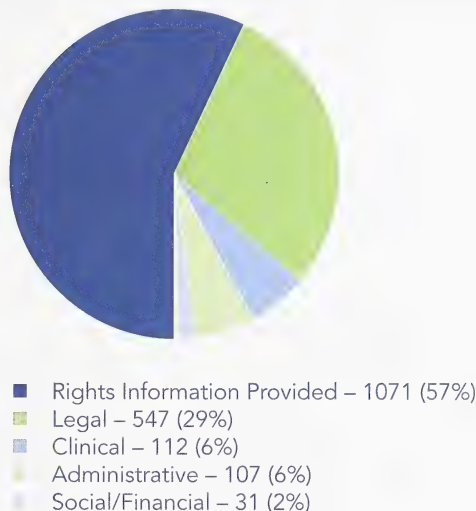
#### Overall Core Activities

Total Issues/Requests	2504
Total Contacts	3880

A total of 3,880 personal, telephone, and written contacts with Alberta citizens were handled by the Mental Health Patient Advocate Office during 2007/2008 fiscal year. Issues/requests are broken down by category in **Figure I**. These categories are approximate since many matters can be classified in more than one way, depending on the relative emphasis involved.

### B. Patient Case Work

FIGURE I - Patient Case Files: Total Issues/Requests

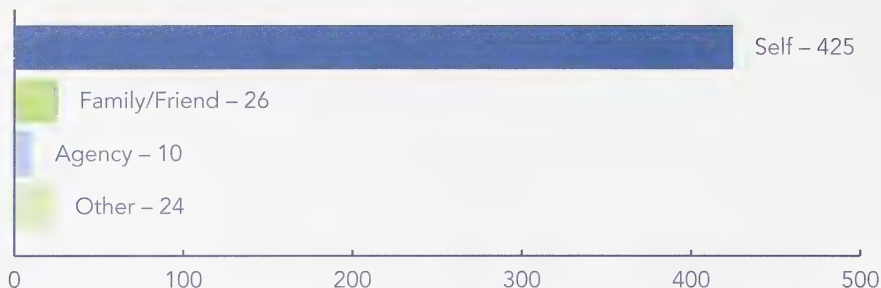


Consistent with previous years, the problems presented cover a wide range of topics. Issues involving hospital privileges, treatment/medication matters, administrative policy, and social/financial problems continue to comprise the most common concerns. Most complaints, however, were legal in nature and reflected an ongoing emphasis on the involuntary apprehension, detention and treatment provisions of the *Mental Health Act*.

Rights information was provided to each patient who contacted the Mental Health Patient Advocate Office.

## B. Patient Case Work

Figure II - Sources of Initial Contact



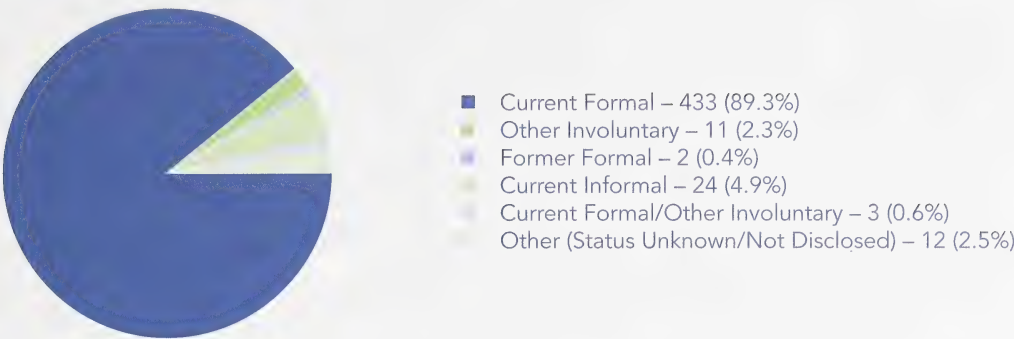
New patient case files opened during 2007/2008 fiscal year totaled 485, and 1,868 independent issues/requests were handled. The number of personal, written and telephone contacts required to resolve these concerns was 3,046. The average number of contacts required to conclude each file was about 16\*. Case files included inquiries/requests and investigations concerning patients currently or recently residing in designated mental health facilities around the province. The following graphs and tables delineate various breakdowns of case related activities for the period; where required, the data is accompanied by appropriate definitions and interpretive comments.

**Figure II** illustrates the breakdown of initial patient case contacts, showing the proportions emanating from patients themselves, family members/friends, or agencies on their behalf. Consistent with previous years, most cases were self referred. The remaining calls came from sources such as friends, neighbors, landlords, ministry officials, solicitors, other patients, or concerned citizens. The majority of initial contacts constituted telephone inquiries. A few initial case contacts were received in written form. In all cases, the patient is considered the client; third party complaints or referral agencies are subject to the strict confidentiality provisions prescribed for the office in the Patient Advocate Regulation and the *Health Information Act*.

\*As compared to 6.9 in the previous Annual Report due to the increased complexity of the issues/requests handled this year.

B. Patient Case Work

Figure III - Subjects of Call

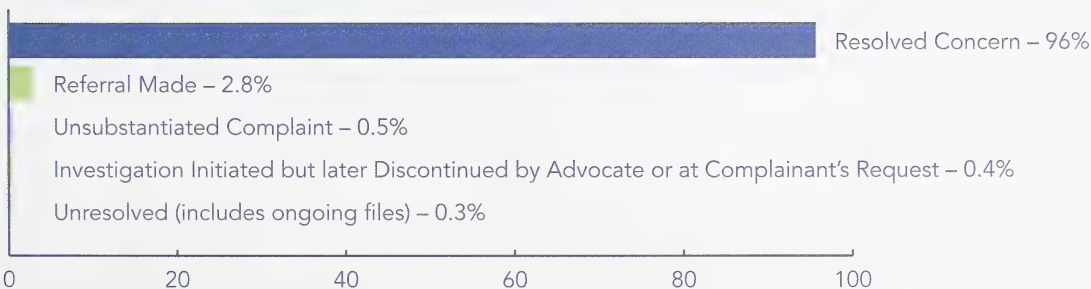


**Figure III** illustrates the legal status of patients for whom case files were opened during the fiscal year. The term “other involuntary” means patients under compulsory detention in designated mental health facilities by way of Disposition Orders from the courts and the Forensic Alberta Review Board, Compulsory Care Orders under the *Dependent Adults Act* or single Certificates pursuant to the *Mental Health Act*.

More than 89 per cent of the case file requests for assistance involved currently certified patients. The remaining issues/requests were mainly related to voluntary patients, those involuntarily admitted under one Certificate, or patients detained under authority other than the *Mental Health Act*. These patients remain non-jurisdictional for the Mental Health Patient Advocate office.

B. Patient Case Work

Figure IV - Resolution of Concern/Complaint





## C. Resource Services

Figure V - Resource Services: Total Issues/Requests



**Figure V** describes the breakdown of Resource Services provided to individuals and groups who are not patients in hospital. Advocacy Services include supports for fostering self advocacy, individual advocacy and navigating the mental health system to name a few. Examples of Rights Information Provided include information on the *Mental Health Act* and access to legal counsel. Education Services include activities such as presentations, consultation and distributing print material. The information below provides a comprehensive listing of Education Services.

### Education

Extensive education activities took place across the province through:

- General information provided to the public about mental health and the *Mental Health Act*
- Professional development, including presentations to executive and management teams in health regions, participation on committees including the Psychiatric Nursing Committee at Grant MacEwan College, Alberta Mental Health Board Executive Management Committee and the Alberta Patient Representative Network
- Consultation services to health regions relative to policy and planning, program development and hospital protocols
- Presentations and dialogue with mental health organizations and self-help consumer groups
- Visits to each of the 16 designated mental health facilities
- Responses to inquiries from Alberta Health and Wellness and/or the Alberta Mental Health Board.



*I feel that one of the things that would give me hope would be to feel listened to, and have my feelings validated and for the health staff to follow through with things when they promise something. I know under certain circumstances this cannot be helped, however when it happens often I know for myself I become very discouraged.*

*As a mental health consumer, another thing that would give me hope would be to see therapists and psych doctors trained more in the trauma movement. I would feel more respected if the stigma of mental health somehow was dropped and that the movies would not be allowed to show falsehoods about people who suffer with mental illness. We do not add stigma to people with cancer or diabetes so what gives people the right to do it with mental illness?*

**Corinne**

A person with experience of mental illness

## Trends and Emerging Issues

The Office recognizes the cooperation and support it receives from health regions and staff within the 16 mental health facilities throughout the province. Their support allows the Alberta Mental Health Patient Advocate to work on behalf of all people who come under their jurisdiction pursuant to the *Mental Health Act*.

**Patient Rights** – The *Mental Health Act* clearly outlines the rights of patients. However, the Patient Advocate's Office frequently finds many formal patients and those acting on their behalf do not understand or are unaware of patients' legislated rights. When patients and caregivers receive the necessary information they often talk about experiencing a renewed sense of hope. When patients call, they are often in crisis, confused about the information, or want independent advice. Contact with the Patient Advocate assures them they are not voiceless and are not dealing with their health crisis alone.

**Future Focus** – A patient bill of rights is increasingly recognized as an important tool for recognizing patients' rights, defining health care objectives, and emphasizing the complementary nature of the rights and responsibilities of patients and health care providers. Several western democratic countries and/or states have patients' bills of rights enshrined in legislation, or in charters or policy. Canada and Alberta do not have standard patients' bill of rights.

### **Implementation of the *Mental Health Amendment Act***

– Many people who contact the Advocate's Office know there is new mental health legislation and want information about implementation of the Act, and how it will affect them, their families and/or their practices. Doctors and other treatment team members look for provincial guidelines and standards to apply and administer the legislation consistently across the province.

Implementation of the MHAA will require comprehensive education and training tailored for the unique and specific needs of different audiences. The legislation should provide the foundation for technical training tools and guidelines and address many issues including patient rights, ethics in mental health, service delivery and practice issues.

**Reaching Out** – This year the Patient Advocate and staff received more requests than previous years for meetings with formal patients at the hospital where they are detained. There are two main reasons patients like to meet face-to-face: to ensure their privacy but also to have personal contact with those with whom they are trusting to share their very personal stories and concerns.

The Patient Advocate office is located centrally in Edmonton and provides services province wide. Much of its direct work with patients and staff is through the Call Centre and over the telephone. Increasing the staffing by one this year has helped increase the face to face visits with patients in the 16 designated facilities across the province. Hospital staff have been tremendously helpful in facilitating these visits and likewise they comment how helpful patients and the team find the dialogue with the visiting Advocate.



**Future Focus** – Just like every other patient in Alberta, people with mental illness expect personalized, face to face care. This expectation has implications for the Mental Health Patient Advocate Office. Different innovative options need to be considered for increasing our capacity for outreach to address patients' expectations.

**Interpreters** – As Alberta continues to attract immigrants from other countries, the number of patients contacting the office who are new Canadians with English not their first language is increasing. A common concern often heard from this group is the lack of an independent and neutral interpreter (i.e. not a member of their treatment team or family). They want an interpreter to help them understand and exercise their rights, and express their concerns about detention, care and treatment.

**Future Focus** – As Alberta becomes a more diverse province, there is a need for independent and neutral interpreters to support patients in decision making processes that involve the treatment team, Patient Advocate, legal counsel and/or Review Panel. This is a critical step in ensuring the rights of patients.

**Information Management** – Last year the Advocate recommended immediate action to enhance information reporting, collection and tracking from health authorities about formal patients across the province, but also in the Patient Advocate Office. In 2008, the Alberta Mental Health Board conducted an analysis of provincially reported information about patients certified under the *Mental Health Act*. Results from the analysis showed major differences still exist between regions on what must be reported.

Under a separate initiative, the Patient Advocate office designed an innovative electronic information management system to collect information about the Advocate's work. The new system - C.A.R.E.S. - improves responsiveness to patient concerns, saves time collecting data and managing inquiries and complaint/investigation information, improves the communication and monitoring of issues and builds capacity for strategic planning and evaluation.

**Future Focus** – At the provincial level, the Alberta Mental Health Board is working with its stakeholders to improve the consistency and accuracy of future reporting by health regions to Alberta Health and Wellness. C.A.R.E.S. will be launched in the Mental Health Patient Advocate office on April 1, 2008 and a full year of data will be available for operational planning and reported in the 2008/2009 Annual Report.

**Work Force Impact on Practice** – The economic boom experienced in Alberta and the competitive job market for health professionals, particularly nursing staff across Canada, continue to affect the ability to attract and retain mental health staff in front line positions. This has affected the quality of life and care for some formal patients. A common complaint heard from patients and members of treatment teams is the impact of staffing levels on patient privileges such as access to scheduled outdoor exercise breaks. Some patients complain that they have less access to fresh air than do inmates in jails.

**Future Focus** – Although much is being done by Alberta Health and Wellness and regional health authorities to address workforce issues, it continues to be a concern.

**Emergency Health Services** – A common complaint from mental health patients is their apprehension and concern about being detained in hospital emergency departments. Waiting in crowded and noisy waiting rooms is particularly difficult for people experiencing acute mental illness. If a patient becomes agitated and difficult to manage, security staff are often asked to supervise and sometimes restrain the person. Such incidents upset the patient as well as other visitors, and potentially pose a risk management issue if security personnel are not well trained and knowledgeable about mental health and mental health legislation.

The Advocate's Office understands that hospitals do try different approaches to deal with this problem. Feedback from patients is that they appreciate placement in short stay mental health units located near or in the emergency room area, or transfer to any space on the mental health unit, even if it is in a treatment room until a bed becomes available.

**Future Focus** – Emergency service and hospital staff have made great strides in enhancing capacity for people with acute mental illness. A need continues to increase the awareness, knowledge and skills of *all* staff (including contracted security personnel) who work with patients who have acute mental illnesses.

**Temporary Detention of Patients** – A gap in the legislated rights of patients who are not yet considered to be “formal patients” but yet are temporarily detained against their will in hospital.

**Future Focus** – The Advocate has recommended to Government that the Advocate's mandate be expanded to include individuals temporarily detained under one certificate of the MHA. These typically are the patients who are detained and concerned about emergency services.

**Privacy of Patients** – Involuntary and voluntary patients, and sometimes family members, continue to complain about a perceived lack of privacy on nursing units. Often they are asked to sit and wait in hallways for meetings with treatment team members, use a common telephone in a hallway, or discuss private and confidential health care and other matters with various professionals in common areas or hallways.

Patients also complain about their names being displayed on unit message boards, meal trays, or on their personal belongings. Their concerns relate to identity theft and personal safety.

**Future Focus** – As these concerns are identified, the service providers are informed. There is still an opportunity to do more in these areas.



*There are many things involved in **hope** and **respect**. The first and most important thing is to have a roof over one's head and to be able to eat and have decent clothes so you can hold your head up. This is the most important thing as I see it. Costs are soaring and the places people on AISH can afford are limited. The cost of meds goes up and that is a worry if you should lose your health benefits. We who suffer from mental illness are dependent on our meds to stabilize our conditions. It is our **hope** that a cure might one day be found and that we can get well. **Respect** is important also. We are often looked down on in society. We suffer from stigma and false notions others bestow upon us. Yet we can be productive members of society and at times we are unfairly given labels that are not true and we are often hurt by them. All we ask is that we be treated like anyone else who suffers from an illness. All we ask is for your **respect** and love.*

**Mike**

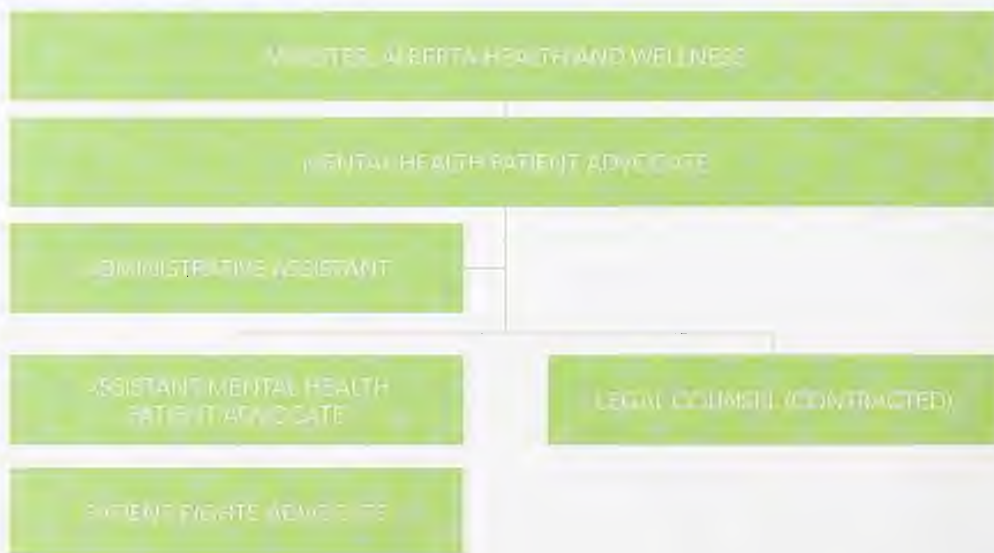
A person with experience of mental illness





Left to right: Carol Robertson Baker, Assistant Mental Health Patient Advocate; Ronda Gauthier, Administrative Assistant; Sandra Harrison, Mental Health Patient Advocate, and Beverly Slusarchuk, Patient Rights Advocate

## Organizational Structure



## Financial Summary

FISCAL YEAR	BUDGET	ACTUAL	SURPLUS (DEFICIT)
2002/03	319,000	159,293	159,706
2003/04	348,000	155,003	192,997
2004/05	384,168	298,247	85,921 *
2005/06	396,245	365,195	31,050 *
2006/07	407,108	393,493	13,615 *
2007/08	428,303	514,272	(85,969) **

\* Surplus was reserved for future needs of the Alberta Mental Health Patient Advocate Office and was entirely consumed by March 31, 2008.

\*\* Deficit was primarily attributable to an increase in staffing and the use of professional services related to the MHAA.

## Mental Health Facilities in Alberta

### Calgary

Foothills Medical Centre: 403-944-1110

Peter Lougheed Centre: 403-943-4555

Rockyview General Hospital: 403-943-3000

Southern Alberta Forensic Psychiatry Centre:  
403-943-1500

### Claresholm

Claresholm Centre for Mental Health  
and Addictions: 403-625-8500

### Edmonton

Alberta Hospital Edmonton: 780-472-5555

Grey Nuns Community Hospital: 780-735-7000

Misericordia Community Hospital: 780-735-2000

Royal Alexandra Hospital: 780-735-4111

University of Alberta Hospital: 780-407-8822

### Fort McMurray

Northern Lights Regional Health Centre: 780-791-6161

### Grande Prairie

Queen Elizabeth II Hospital: 780-538-7100

### Lethbridge

Chinook Regional Hospital: 403-388-6111

### Medicine Hat

Medicine Hat Regional Hospital: 403-529-8000

### Ponoka

Centennial Centre for Mental Health  
and Brain Injury: 403-783-7600

### Red Deer

Red Deer Regional Hospital Centre: 403-343-4422

## Contact Information

For a listing of the different mental health support groups in Alberta, and other mental health information, contact:

### Mental Health Patient Advocate

1202, 10035 - 108 Street  
Centre West Building  
Edmonton, AB, T5J 3E1

**Phone:** 780-422-1812

**Toll-Free:** 310-0000 followed by 780-422-1812

**Fax:** 780-422-0695

**E-mail:** [sandra.harrison@MHPA.ab.ca](mailto:sandra.harrison@MHPA.ab.ca)

### Alberta Mental Health Help Line

This toll-free help line provides confidential information and referrals 24 hours a day from anywhere in Alberta.

**Phone:** 1-877-303-2642

### Health Link Alberta

This 24-hour-a-day, 7-day-a-week telephone advice and health information service is staffed by registered nurses. Call from anywhere in the province by dialing 403-943-5465 in Calgary, 780-408-5465 in Edmonton or toll-free 1-866-408-5465.

**Web:** [www.healthlinkalberta.ca](http://www.healthlinkalberta.ca)

### Inform Alberta

This province-wide searchable directory contains general information about community, health, social, and government services across the province, including mental health programs and services.

**Web:** [www.informalberta.ca](http://www.informalberta.ca)





*One of the biggest developments in mental health are Community Treatment Orders. For me and many other people with a mental illness, it is necessary in most cases to select between being normal and being healthy. There is a real difference between those two perspectives. Society, families and employers sometimes don't understand that being healthy and stable is more important than living to be normal.*

Austin Mardon, Order of Canada  
A mental health care advocate





*Hope is essential for healing, but hope becomes difficult if the basics like housing, clothing and food aren't being met. Hope is whether you wake up and feel glad to be awake or dread getting out of bed.*

*Thanks for listening.*

**Joe**

A person with experience of mental illness







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Alberta Mental Health Patient  
**ADVOCATE OFFICE**